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State of Rhode Island and Providence Plantations 1

## **Department of State - Business Services Division**

Annual Report for the year: 2018 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

> Panelty: Additional \$25.00 fee if form is not filed by April 1

<del></del>	enaity: Additional \$25.00 te			_					
1. Entit	ty ID Number	2. Exact name of the Corporation							
	126206 JST DONUTS, INC.								
3. Principal Office Address				City	City		Zip		
37 Academy Avenue				Bristol		RI	02809-0000		
4. NAI	CS Code	6. Brief descripti	onducted in Rhode Isla	and					
	722513 to operate donut shop								
5. Stat	e of Incorporation RI								
7. Elst ALE Gillosts (Marries and dealegae)						k the box to indicate an attachment			
Preside	President Name Fernando R. Ferreira				Vice-President Name Sandra Rupkey				
Street A	Street Address 37 Academy Avenue				Street Address 37 Academy Avenue				
City	Bristol	State RI	Zip 02809-	City Bristol	•	State RI	Zip 02809-		
Secreta	ary Name	KI	02007-	Treasurer Name					
Maria Grace Ferreira				Fernando R. Ferreira					
Street #	Address 37 Academy Avenue			Street Address 37 Academy Avenue					
City	Bristol	State RI	Zip 02809-	City Bristol		State RI	Zip 02809-		
8. List	ALL directors (names and ac	ddresses)	<u> </u>			ne box to ind	licate an attachment		
Director Name Fernando R. Ferreira				Director Name Maria Grace Ferreira					
Street A	treet Address 37 Academy Avenue				Street Address 37 Academy Avenue				
City	Bristol	State RI	Zip 02809-	City Bristol		State RI	Zip 02809-		
Director Name none				Director Name					
Street Address				Street Address					
none none									
City	none	State none	Z <sub>IP</sub> none	City none		State non	e Zip none		
9 Shares Authorized 10							ne box to indicate an attachment		
This internation is containly of tool and all				OF SHARES CLASS/SERIES PAR VALUE					
Department of State.  Changes require an additional filing.					Common		No Par		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.									
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and									
statements, and that all statements contained herein are true and correct.									
Name of Authorized Representative Fernando R. Ferreira			President			Date 1/02/2018			
Signa¶	age of Authorized Represent	ative				L			
Signature of Authorized Representative									
4//	IAN IL 7 YOUR								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov